

DHEC

Registration Application: Used Oil Transporter and Transfer Facility

Check One: New _____ Renewal _____ EPA ID# _____

Check all that apply:
Transporter _____
Transfer Facility _____

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Owner/Operator:
Name: _____
Address: _____

Telephone Number: (_____)____ - _____

Fax Number: (_____)____ - _____

Mailing Address: _____
(If Different) _____

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Please attach Certificate of Insurance (see enclosed) and a copy of the policy to this registration.

Also attach the training program as required by R. 61-107.279.E.43(d)

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I hereby certify (or declare) that all information submitted in conjunction with this Registration is true to the best of my knowledge and that I am authorized to sign official documents for the applicant.

Signature: _____ Date: _____
Print Name and Title: _____

Changes to any of this information requires this application to be updated. Maintain a copy of this for your records. Submit the original to:

SCDHEC
Division of Mining and Solid Waste Management
2600 Bull Street
Columbia, SC 29201